

O I P E J C A S E
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TRANSMITTAL FORM	Application Number	10/815,318
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	March 31, 2004
	Inventor	B. Fruchtman
	Group Art Unit	2157
	Examiner Name	Not Yet Assigned
Total Number of Pages in this Submission: 6	Attorney Docket Number	SJO920030109US1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input checked="" type="checkbox"/> Formal Drawings: <u>6</u> sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	Rabindranath Dutta, Registration No. 51,010
Signature:	<i>Rabindranath Dutta</i>
Date:	April 19, 2005
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983	
<input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 09-0466	

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Date:	April 19, 2005	